



**Add New Collaboration – CRNP/CNM
Applicant Checklist**

This document is intended only as a resource for the applicant; DO NOT send to the ABN.

Check if you have completed	Requirement	Information
<input type="checkbox"/>	Electronic Application: “Add New Collaboration” – Complete online. Application fee: \$75.00 Transaction fee: \$3.50	Located on the ABN website (www.abn.alabama.gov). under Licensing Advanced Practice CRNP Application. Electronic payment by credit or debit card. Have the following details to complete the online application: <ul style="list-style-type: none">• Name and practice address of physician licensed in AL.• Name and address for each practice site where the CRNP/CNM will practice.• If home visits, Name of Company and county where home visits will occur.• Name and practice address of all covering (backup) physicians.• Hours of practice.• Protocols, as needed.• Prescriptive authority as needed.
<input type="checkbox"/>	Complete (A) Standard Protocol and (B) QA Plan Both documents require the physician’s signature. Return via email or fax <u>to the ABN</u>. Keep a copy for your records.	(A) Located on the ABN website under Licensing Advanced Practice CRNP or CNM Standard Protocol. Choose the Standard Protocol, based on your national certification. (B) Located on the ABN website under Licensing Advanced Practice CRNP or CNM Resources.



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<input type="checkbox"/>	Receive email notice of temporary approval for practice with the collaborating physician.	The temporary approval status will allow you to begin practicing. <ul style="list-style-type: none">▪ View status in My Profile and License Lookup.
<input type="checkbox"/>	Receive email notice of final, ACTIVE, approval for practice with the collaborating physician.	View Status in My Profile and License Lookup. Serves as Primary Source Verification.

ABN
PO Box 303900
Montgomery, AL 36130

Email: advancedpractice@abn.alabama.gov
Fax: (334) 293-5201

Payment may be made by cashier's check, business check, money order, certified check, or personal check, provided that the licensed nurse's name is imprinted on the check.

Please note: The Board cannot accept personal checks drawn on out of state banks.

The collaborating physician should complete the **Commencement Form** located on the Alabama Board of Medical Examiners (ABME) website (www.albme.org).

Include the \$200.00 fee, payable to ABME.

Mail form and fee to:

ABME
848 Washington Ave
Montgomery, AL 36104